

**COMMONWEALTH OF KENTUCKY
REQUEST TO INSPECT PUBLIC RECORDS
RE: KRS CH. 61**

DATE: _____

TO: (Name of State Agency) Division of Waste Management

Public files in Regional Offices are not necessarily complete. Complete public files may be examined at the appropriate central office in Frankfort, Ky.

1. I request inspection of the following document(s): _____

2. Number of copies of each document requested @ 10¢ a page: _____

3. Enclosed \$ _____ Check ☐ Money Order ☐ Cash ☐

4. Signature: _____

Company: _____

Address: _____ Phone: _____

5. Is requested information from a database or geographic information system: Yes ☐ No ☐

6. For commercial use: Yes ☐ No ☐

7. If the answer to questions 5 & 6 is yes, the commercial purpose for which the requested information shall be used to: _____

I hereby certify that the information set forth in item 7 is true and correct to the best of my knowledge.

Signature: _____

8. (DEP staff) The following disposition was made of the above request: _____

9. Signature of Custodian: _____ Amount Received: _____

Agency: _____ Date: _____